

# RECRUITMENT INCENTIVE NOMINATION/JUSTIFICATION

## I. INDIVIDUAL INFORMATION

|   |                |      |                                      |
|---|----------------|------|--------------------------------------|
| Name                                      |                | SSAN | Proposed Technician Appointment Date |
| Pay Plan-Series-Grade                     | Position Title |      | Name of Organization                 |
| Length in Months of the Service Agreement |                |      | Duty Location                        |

## II. DETERMINATION OF THE AMOUNT OF RECRUITMENT INCENTIVE

|                      |   |
|----------------------|---|
| Requested Percentage | Criteria Used to Establish the Percentage |
|----------------------|---|

## III. JUSTIFICATION

Describe in detail all of the following criteria. Failure to address all items will result in the request being returned without action. Information regarding the following areas may be continued on additional pages.

1. Unsuccessful efforts to recruit candidates for this or similar positions.

2. Turnover in this or similar positions.

3. Labor market factors and special qualifications needed for this position.

**IV. NOMINATING SUPERVISOR CERTIFICATION**

I certify that in the absence of a Recruitment Incentive, difficulty would be encountered in filing this position. The applicant has signed the CNG Form 690-20, Recruitment Incentive Service Agreement, and it is attached.

|            |           |      |           |
|------------|-----------|------|-----------|
| Name/Title | Signature | Date | Telephone |
|------------|-----------|------|-----------|

**V. COMMANDER/DIRECTOR CERTIFICATION**

I concur with this request.

|      |           |      |           |
|------|-----------|------|-----------|
| Name | Signature | Date | Telephone |
|------|-----------|------|-----------|

**VI. COMPTROLLER CERTIFICATION OF FUNDING AVAILABILITY (ANG ONLY)**

I certify that funds are available for this action.

|      |           |      |           |
|------|-----------|------|-----------|
| Name | Signature | Date | Telephone |
|------|-----------|------|-----------|

**VII. DIRECTORATE OF HUMAN RESOURCES USE ONLY**

|                           |                |                              |                |
|---------------------------|----------------|------------------------------|----------------|
| Nature of Action          | Authority      | Recruitment Incentive Amount | Effective Date |
| 815 RECRUITMENT INCENTIVE | VPF 5 USC 5733 | \$                           |                |

Remarks:

- Member has signed a service agreement valid through \_\_\_\_\_.
- Current Year Aggregate Limitation on Pay \$ \_\_\_\_\_ (5 CFR 530.202)
- Annual Rate of Basic Pay x Recruitment Incentive % x Length of Service Agreement = Incentive Amount  
\$ \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

**REVIEWS/APPROVAL**

I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

|   |           |      |
|---|-----------|------|
| HUMAN RESOURCES SPECIALIST                  | Signature | Date |
| HUMAN RESOURCES SPECIALIST                  | Signature | Date |
| DIRECTOR/DEPUTY DIRECTOR OF HUMAN RESOURCES | Signature | Date |